

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		a. STATE <b>Missouri</b> b. COUNTY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5054 Washington St.</b>		c. CITY OR TOWN <b>St. Louis</b>	
Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>5054 Washington St.</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Elsie</b> Middle <b>B.</b> Last <b>Thorup</b>			4. DATE OF DEATH Month <b>Aug</b> Day <b>28</b> Year <b>1960</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>July 10, 1886</b>	9. AGE (last birthday) <b>74</b>	10. UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Registered Nurse</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Nursing</b>	11. BIRTHPLACE (City and state or country) <b>Unknown</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Jacob Emil Thorup</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>499-36-9548</b>	17. INFORMANT <b>Carl Edward Thorup 715 Brownell Ave</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Acute coronary thrombosis</b>		<b>1 year</b>
DUE TO (b) <b>2 previous coronary thromboses</b>		<b>Under 1957</b>
DUE TO (c)		<b>May 1960</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY	Hour	Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from <b>Oct 1957</b> to <b>8/28/60</b> and last saw her <b>alive</b> on <b>8/24/60</b>	
Death occurred at <b>8/28/60</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <b>Edward Presse M.D.</b> (Degree or title)	22b. ADDRESS <b>457 N. Kings Highway</b>	22c. DATE SIGNED <b>8/28/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo</b>
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24. FUNERAL DIRECTOR <b>Bull-Campbell Mortuary</b> ADDRESS <b>5165 Delmar</b>	25. DATE RECD. BY LOCAL REG. <b>AUG 30 1960</b>	26. REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>
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DOCUMENT

267-1087

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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0078 112 11

personal

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*J. W. Binkley*

Licensed Embalmer No. 3053

P. O. Address St Louis

0078 112 11

personal

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.